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<b>Application Number</b>	10560901
<b>Filing Date</b>	12/16/2005
<b>First Named Inventor</b>	Hamid Sharim
<b>Title</b>	ORTHOPEDIC CLAMPS
<b>Art Unit</b>	3733
<b>Examiner Name</b>	COMSTOCK, DAVID C
<b>Attorney Docket Number</b>	1122_10_2_US_dmy

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	21
Name	Shahar Peled	Telephone	972 54 2234082
Title and Company	CEO	C. NO 513674010 P.O.B. 7284 Ashkelon 78172	

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest (or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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